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CONFIRMATION NO. 9133

Bib Data Sheet

SERIAL NUMBER 10/651,699	FILING OR 371(c) DATE 08/29/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. SULPRI-43778
APPLICANTS Michael Scott Sulprizio, Gardnerville, NV;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NV	SHEETS DRAWING 7	TOTAL CLAIMS 33
INDEPENDENT CLAIMS 3				
ADDRESS 26252				
TITLE Prosthetic Foot				
FILING FEE RECEIVED 492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	